

TO: COURT OF PROBATE, DISTRICT OF		DISTRICT NO.
IN THE MATTER OF		RESPONDENT'S SOCIAL SECURITY NUMBER
Hereinafter referred to as the respondent, a proceeding for involuntary representation.		RESPONDENT'S DATE OF BIRTH

PETITIONER [Name, address, zip code, and telephone number]	RELATIONSHIP OF PETITIONER TO RESPONDENT

RESPONDENT'S HOME ADDRESS	RESPONDENT'S PRESENT ADDRESS, IF INSTITUTIONALIZED

PERSONS TO WHOM NOTICE SHOULD BE GIVEN: SPOUSE [If not the petitioner], CLOSEST RELATIVES [If none, so state], and INTERESTED PARTIES as defined in *Probate Practice Book*, Rule 3.1.02.[Give names, addresses, zip codes, and relationships to respondent.] C.G.S. §45a-649.

[To give further details, use Second Sheet, PC-180.]

THE PETITIONER FURTHER REPRESENTS that said respondent:

Is now living at the present address written above and is domiciled in the town written above.

☐ Has ☐ Has not designated a conservator as provided by C.G.S. §45a-645.[Include name and address. If unknown, so state.]

If the respondent has designated a conservator, and the proposed conservator named herein is not the designated conservator, explain by separate document.

☐ Has ☐ Has not executed a living will.

☐ Has ☐ Has not appointed a health care agent. [Include name and address. If unknown, so state.]

☐ Has ☐ Has not executed a power of attorney for health care decisions. [Include name and address of person appointed to act. If unknown, so state.]

☐ Has ☐ Has not executed a durable power of attorney.[Include name and address of person appointed to act.If unknown, so state.]

☐ Does☐ Does not own real property. C.G.S. §45a-658. [Include address(es), if applicable.]

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☐ Has ☐ Has not received public assistance or institutional care from the State of Connecticut. Conn. Gen. Statutes Chapter 302.

☐ Is ☐ Is not a patient of the Veterans' Home and Hospital, Rocky Hill, CT. C.G.S. §45a-649.

☐ Is ☐ Is not a veteran or beneficiary receiving payments under any account from the Veterans' Administration. C.G.S.§45a-593.

☐ Is ☐ Is not a patient in a hospital or institution. C.G.S. §45a-649.

☐ Is ☐ Is not in an institution for the mentally ill or mentally deficient in this state. C.G.S.§4a-17. If so, the respondent is in such institution on the following basis:

☐ Confined by order of a Court. C.G.S. §4a-17.

☐ Confined under emergency certificate of a physician. C.G.S.§4a-17.

☐ Voluntary admission.

☐ Is or is expected to become an inpatient or outpatient in a hospital, clinic, or other facility for the diagnosis, observation, or treatment of mental illness. [Note: If this box is checked, AND if consent or other authorization is being sought for (a) psychiatric medication treatment and/or (b) shock therapy, special statutory requirements must be met.The applicable forms (CM-42 or CM-46 for psychiatric medication and CM-44 for shock therapy), together with all supporting documentation, MUST be attached to this form. ALL of the documents filed in connection therewith will be recorded in a confidential volume.]

☐ Is ☐ Is not able to request or obtain an attorney. C.G.S. §45a-649.

☐ Is ☐ Is not able to pay for the services of an attorney. [Submit Request/Order Waiver of Fees, PC-184A.]

[Continued]

THE PETITIONER FURTHER REPRESENTS that:

The mental, emotional and/or physical condition that prevents the respondent from performing the necessary and proper functions for his or her well-being is as follows: *[Describe briefly.]*

[If the application is for the appointment of a CONSERVATOR OF THE ESTATE, fill in Part "A" below. If the application is for the appointment of a CONSERVATOR OF THE PERSON, fill in Part "B." If the application is for BOTH conservator of the estate and conservator of the person, Parts "A" and "B" must both be completed.]

A

(Conservator of the Estate)

☐ The condition described above prevents the respondent from performing the functions inherent in managing his or her affairs, and

☐ the respondent has property rights that will be wasted or dissipated unless proper management is provided.

☐ funds are needed for the support, care, or welfare of the respondent, and the respondent is unable to take the necessary steps to obtain or provide such funds.

☐ funds are needed for the support, care, or welfare of those entitled to be supported by the respondent, and the respondent is unable to take the necessary steps to obtain or provide such funds.

The estimated value of the respondent's property is: Personal Property: \$Real Property: \$

B

(Conservator of the Person)

☐ The condition described above results in endangerment to the respondent's health because of the inability to provide:

☐ medical care for physical and mental health needs.

☐ nutritious meals or clothing or safe and adequately heated and ventilated shelter or personal hygiene.

☐ protection from physical abuse or harm.

WHEREFORE, THE PETITIONER REQUESTS that this Court appoint the proposed conservator named below or some other suitable person as conservator as aforesaid of the respondent. *[NOTE: If the Commissioner of Social Services is the proposed conservator of the estate and/or person, attach Affidavit, PC-310. C.G.S. §45a-651.]*

The representations contained herein are made under the penalties of false statement.

Date:

Petitioner:

PROPOSED CONSERVATOR

If appointed, I will accept said position of trust.

Signature

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Name [Type or print]

Address

Telephone Number:

ATTORNEY FOR PETITIONER *[Name, address, zip code, telephone number, and juris number.]*

ATTORNEY FOR RESPONDENT *[Name, address, zip code, telephone number, and juris number.]*

EXAMINING PHYSICIAN *[Name, address, zip code, and telephone number.]* C.G.S. §45a-650.